

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bobby W. Lindamood, Jr. <hr/> NICKNAME LAST SUFFIX		<div style="border: 2px solid black; padding: 5px; margin-bottom: 5px;"> OFFICE USE ONLY </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> RECEIVED APR 26 2019 CITY SECRETARY'S OFFICE 3:39 p.m. </div> <div> Date Hand-delivered or Date Postmarked </div> <div> Receipt # Amount \$ </div> <div> Date Processed </div> <div> Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5508 Janet Ln., Colleyville, TX 76034		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 232-8147		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Christine Tatum <hr/> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4100 Allendale St., Colleyville, TX 76034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 801-9933		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 04 / 05 / 2019 </div> <div>THROUGH</div> <div> Month Day Year 04 / 26 / 2019 </div> </div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 05 / 04 / 19 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex;"> <div style="flex: 1;"> OFFICE HELD (if any) Colleyville City Council, Precinct 2 </div> <div style="flex: 1;"> 13 OFFICE SOUGHT (if known) </div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME
Bobby W. Lindamood, Jr.

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

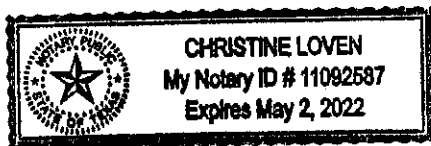
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,497.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,540.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Lindamood, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Christine Loven
Signature of officer administering oath

Christine Loven
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Bobby W. Lindamood, Jr.

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,497.51
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**3****2** FILER NAME

Bobby Lindamood, Jr.

3 Filer ID (Ethics Commission Filers)**4** Date

4/3/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Kevin Wall

7 Amount of contribution (\$)

\$200

6 Contributor address;

City; State; Zip Code

2001 Renfro Rd., Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

First American Mortgage Solutions

Date

4/9/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert (Jerry) Boone

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

7019 Rosebrook, Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Schlich

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

5613 Oak Top Dr., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

4/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Judith Linn

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

7001 Westcoat Dr., Colleyville, TX

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Major Adam Shepherd 6 Contributor address; City; State; Zip Code 2205 Collins Path, Colleyville, TX 76034	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions) N/A
Date 4/15/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie Reed Contributor address; City; State; Zip Code 4600 Alexandra Dr., Colleyville, TX 76034	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 4/8/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armin Mizani Contributor address; City; State; Zip Code 896 Randol Mill Ave., Roanoke, TX 76262	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 4/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Ludwig Contributor address; City; State; Zip Code 5104 Auburndale Ave., Colleyville, TX 76034	Amount of contribution (\$) \$1500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**3****2** FILER NAME

Bobby Lindamood, Jr.

3 Filer ID (Ethics Commission Filers)**4** Date
4/15/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Karl Vitali

7 Amount of contribution (\$)

\$300

6 Contributor address;

City; State; Zip Code

7425 Alverstone Dr., Ft. Worth, TX 76120

8 Principal occupation / Job title (See Instructions)

Tattoo Artist

9 Employer (See Instructions)

Self Employed

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

4/24/19

Jayachandra Gajulapalli

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

5048 Heritage Oaks Dr., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Mgr.

Employer (See Instructions)

Self Employed

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/5/19		5 Payee name Raise The Money			
6 Amount (\$) \$111		7 Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/8/19		Payee name Raise The Money			
Amount (\$) \$52.15		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/9/19		Payee name Raise The Money			
Amount (\$) \$1.23		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/11/19		5 Payee name Raise The Money			
6 Amount (\$) \$31.95		7 Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/16/19		Payee name Raise The Money			
Amount (\$) \$4.15		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/18/19		Payee name Raise The Money			
Amount (\$) \$10.00		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/20/19		5 Payee name Raise The Money			
6 Amount (\$) \$2.20		7 Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/23/19		Payee name Raise The Money			
Amount (\$) \$4.15		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/26/19		Payee name Raise The Money			
Amount (\$) \$1.23		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/19		5 Payee name Raise The Money			
6 Amount (\$) \$4.15		7 Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/9/19		Payee name Raise The Money			
Amount (\$) \$4.15		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/11/19		Payee name Campaign Sidekick, LLC			
Amount (\$) \$140		Payee address; City; State; Zip Code www.campaignsidekick.vote			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) voters list		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/19		5 Payee name JTD Strategies			
6 Amount (\$) \$1538.80		7 Payee address; City; State; Zip Code 2028 E. Ben White Blvd., #240-1773, Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expenses		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/16/19		Payee name JTD Strategies			
Amount (\$) \$710		Payee address; City; State; Zip Code 2028 E. Ben White Blvd., #240-1773, Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Website Hosting/Domain Renewal		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/18/19		Payee name Raise The Money			
Amount (\$) \$2.20		Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Bobby Lindamood, Jr.	3 Filer ID (Ethics Commission Filers)
--	---	--

4 Date 4/21/19	5 Payee name Raise The Money
--------------------------	--

6 Amount (\$) \$4.15	7 Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/19	Payee name Raise The Money
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Amount (\$) 10.00	Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/25/19	Payee name Lipe Squared, LLC
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Amount (\$) \$866	Payee address; City; State; Zip Code 6305 Derby Dr., Colleyville, TX 76034
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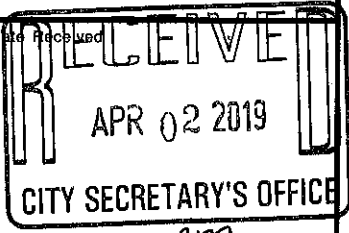
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expenses/Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Bobby W. Lindamood, Jr. NICKNAME LAST SUFFIX		OFFICE USE ONLY 								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5508 Janet Ln. Colleyville, TX 76034										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 232-8147										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Christina Tatum NICKNAME LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4100 Allendale St. Colleyville, TX 76034										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 801-9933										
9 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01 / 16 / 2019</td> <td></td> <td style="text-align: center;">04 / 04 / 2019</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	01 / 16 / 2019		04 / 04 / 2019		
Month Day Year	THROUGH	Month Day Year									
01 / 16 / 2019		04 / 04 / 2019									
11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;"> ELECTION DATE Month Day Year 05 / 04 / 2019 </td> <td style="width: 60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
ELECTION DATE Month Day Year 05 / 04 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	<table style="width: 100%;"> <tr> <td style="width: 50%;"> OFFICE HELD (if any) Colleyville City Council, Precinct 2 </td> <td style="width: 50%;"> 13 OFFICE SOUGHT (if known) </td> </tr> </table>			OFFICE HELD (if any) Colleyville City Council, Precinct 2	13 OFFICE SOUGHT (if known)						
OFFICE HELD (if any) Colleyville City Council, Precinct 2	13 OFFICE SOUGHT (if known)										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

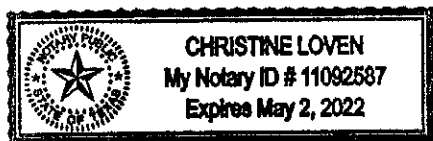
14 C/OH NAME Bobby Lindamood, Jr.	15 Filer ID (Ethics Commission Filers) 15
---	---

16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS		

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,970.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,045.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,058.50

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Lindamood, this the 2nd day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Christine Loven
Printed name of officer administering oath

Notary
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**
Bobby Lindamood, Jr.**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS**
NAME OF SCHEDULESUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,970.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,045.27
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10**2** FILER NAME
Bobby Lindamood, Jr.**3** Filer ID (Ethics Commission Filers)**4** Date
3/5/19**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)

Scott Frechette

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)
\$250**8** Principal occupation / Job title (See Instructions)
Sales Engineer**9** Employer (See Instructions)
Ingersoll RandDate
3/5/19Full name of contributor ☐ out-of-state PAC (ID#: _____)

Paul Koether

Contributor address; City; State; Zip Code
6808 Mystic Woods Ln., Colleyville, TX 76034Amount of contribution (\$)
\$1000Principal occupation / Job title (See Instructions)
Investment AdvisorEmployer (See Instructions)
Farpoint CapitalDate
3/5/19Full name of contributor ☐ out-of-state PAC (ID#: _____)

Paul Tolstyga

Contributor address; City; State; Zip Code
733 Bandit Tr., Keller, TX 76248Amount of contribution (\$)
\$1000Principal occupation / Job title (See Instructions)
IT ConsultantEmployer (See Instructions)
Self EmployedDate
3/8/19Full name of contributor ☐ out-of-state PAC (ID#: _____)

Sherrie Hart

Contributor address; City; State; Zip Code
1600 Glade Rd., Colleyville, TX 76034Amount of contribution (\$)
\$100Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10**2** FILER NAME

Bobby Lindamood, Jr.

3 Filer ID (Ethics Commission Filers)**4** Date

3/8/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Shane Nolan

7 Amount of contribution (\$)

\$50

6 Contributor address; City; State; Zip Code

8924 Ashcraft Dr., NRH TX 76182

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self Employed Law Firm

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Adams

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

5409 Rustic Trl., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Owner/Operator

Employer (See Instructions)

Overhead Door Fort Worth

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shelia Collinsworth

Amount of contribution (\$)

\$555

Contributor address; City; State; Zip Code

5201 Springlake Pkwy, #1224, Haltom City, TX 75165

Principal occupation / Job title (See Instructions)

Personal Assistant

Employer (See Instructions)

Self Employed

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barbara Shea

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

6108 Brazos Ct., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Donnell 6 Contributor address; City; State; Zip Code 5712 Sycamore Dr., Colleyville, TX 76034	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Holt Contributor address; City; State; Zip Code 617 Creekview Ln., Colleyville, TX 76034	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Chappell Contributor address; City; State; Zip Code 1716 Glade Rd., Colleyville, TX 76034	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/11/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Germany Contributor address; City; State; Zip Code 2009 Thames Trl., Colleyville, TX 76034	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Park Lane Properties
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10**2** FILER NAME

Bobby Lindamood, Jr.

3 Filer ID (Ethics Commission Filers)**4** Date
3/16/19**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Steve Waitens

7 Amount of contribution (\$)
\$100**6** Contributor address; City; State; Zip Code

716 Duns Tew Path, Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)Date
3/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ginger Penny

Amount of contribution (\$)
\$250

Contributor address; City; State; Zip Code

4720 Bill Simmons, Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Retired

Date
3/20/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jordan Freeman

Amount of contribution (\$)
\$50

Contributor address; City; State; Zip Code

6310 S. State Highway 360, #1832, Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/23/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wayne Via

Amount of contribution (\$)
\$100

Contributor address; City; State; Zip Code

2305 Woodmoor Ln., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Management

Frontier

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Sartain 6 Contributor address; City; State; Zip Code 7113 Cedar Ct., Colleyville, TX 76034	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Self Employed
Date 3/5/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teri Coburn Contributor address; City; State; Zip Code 25 Chandelle Dr., Irving, TX 75060	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Trustee		Employer (See Instructions) Self Employed
Date 3/10/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julianna Garrison Contributor address; City; State; Zip Code 6401 Westcoat Dr., Colleyville, TX 76034	Amount of contribution (\$) \$5000
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Groves Contributor address; City; State; Zip Code 5702 Ponderosa St., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) AA
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Bobby Lindamood, Jr.

3 Filer ID (Ethics Commission Filers)**4** Date

3/16/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Kathy Wheat

7 Amount of contribution (\$)

\$200

6 Contributor address; City; State; Zip Code

206 Colden Ct., Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Date

3/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Horton

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

2612 Independence Rd., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

George Dodson

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

7309 Balmoral Dr., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/20/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kevin Elder

Amount of contribution (\$)

\$500

Contributor address; City; State; Zip Code

3600 Cambridge Ct., Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Global Managing Director

Employer (See Instructions)

IBM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/19/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carole Elmore 6 Contributor address; City; State; Zip Code 805ontreux Ave., Colleyville, TX 76034	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Shepherd Contributor address; City; State; Zip Code 2205 Collins Path, Colleyville, TX 76034	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher Carson Contributor address; City; State; Zip Code 4223 Green Meadows St. W., Colleyville, TX 76034	Amount of contribution (\$) \$15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/25/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marla Albritton Contributor address; City; State; Zip Code 3436 Blueberry Ln., Grapevine, TX 76051	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randal Graves <hr/> 6 Contributor address; City; State; Zip Code 516 Shelton Dr., Colleyville, TX 76034	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Principal occupation / Job title (See Instructions) Solutions Executive		Employer (See Instructions) Cisco Systems
Date 3/21/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Mathisen <hr/> Contributor address; City; State; Zip Code 317 Chestnut Bend, Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Territory Mgr.		Employer (See Instructions) Novocure, Inc.
Date 3/24/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby King <hr/> Contributor address; City; State; Zip Code 6604 Carriage Dr., Colleyville, TX 76034	Amount of contribution (\$) \$150
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Van Bever 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) Director of Internal Audit		9 Employer (See Instructions) Nexstar Media
Date 3/1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Mathisen Contributor address; City; State; Zip Code 600 Colleyville Terrace, Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Mathisen Tax
Date 3/26/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Bardo Contributor address; City; State; Zip Code 203 Virginia Square, Colleyville, TX 76034	Amount of contribution (\$) \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winnie O'Regan Contributor address; City; State; Zip Code 513 Beverly Dr., Colleyville, TX 76034	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Wang <hr/> 6 Contributor address; City; State; Zip Code 4408 Colleyville Blvd., Colleyville, TX 76034	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self Employed
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Bobby Lindamood, Jr.		3 Filer ID (Ethics Commission Filers)	
4 Date 2/28/19		5 Payee name Impress Designs, Inc.			
6 Amount (\$) \$786.39		7 Payee address; City; State; Zip Code 1404 W. Main St., Carrollton, TX 75006			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) T-Shirts for campaign walkers/workers		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/8/19		Payee name JTD Strategies, LLC			
Amount (\$) \$1166		Payee address; City; State; Zip Code 2028 E. Ben White Blvd., #240-1773, Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/14/19		Payee name Designer Graphics			
Amount (\$) \$1011.46		Payee address; City; State; Zip Code 12404 Hwy. 155 South, Tyler, TX 75703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Political Signs		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Bobby Lindamood, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/19	5 Payee name Walmart Neighborhood Market	
6 Amount (\$) \$81.42	7 Payee address; City; State; Zip Code 4904 Colleyville Blvd, Colleyville, TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expenses for campaign walkers canvassing neighborhoods handing out information on candidates.	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI

Mr. Bobby Lindamood, Jr.

NICKNAME LAST SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5508 Janet Ln.
Colleyville, TX 76034

☐ change of address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 232-8147

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI

Mrs. Christina Tatum

NICKNAME LAST SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4100 Allendale St.
Colleyville, TX 76034

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(214) 801-9933

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign
treasurer appointment
(officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500
limit ☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 16 / 2018 THROUGH 01 / 15 / 2019

11 ELECTION

Month ELECTION DATE Day Year

ELECTION TYPE

☐ Primary ☐ Runoff ☐ General ☐ Special

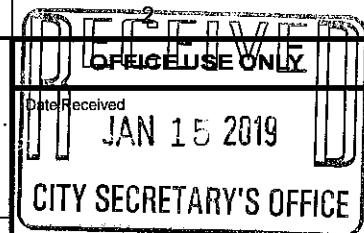
12 OFFICE

OFFICE HELD (if any)

Colleyville City Council, Precinct 2

13 OFFICE SOUGHT (if known)

GO TO PAGE 2



Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Bobby Lindamood, Jr.

15 ACCOUNT # (Ethics Commission Filers)**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**CONTRIBUTION
BALANCE**

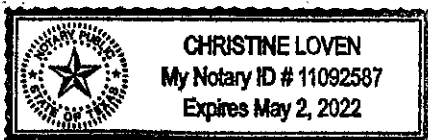
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6310.25

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bobby Lindamood
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bobby Lindamood, this the 15th day of JANUARY, 20 19, to certify which, witness my hand and seal of office.

Christine Loven
Signature of officer administering oath

Christine Loven
Printed name of officer administering oath

Notary
Title of officer administering oath